2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P03000119794 1. Entity Name CAP FERRAT INVESTMENT INC. 05 MAY -2 PM 6: 22 SECRETARY OF STATE Mailing Address Principal Place of Business TALLAHASSEE, FLORIDA 2665 SOUTH BAYSHORE DRIVE 2665 SOUTH BAYSHORE DRIVE SUITE 703 **SUITE 703** MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address 150,00 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03302005 Chg-P Applied For City & State City & State 4. FEI Number 74-3107443 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WORLD CORPORATE SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 2665 SOUTH BAYSHORE DRIVE **SUITE 703** MIAMI, FL 33133 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition GARNERO, ALVARO NAME NAME STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, STE. 703 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE VD ☐ Delete TITLE ☐ Addition GARNERO, MARIO NAME NAME STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, STE. 703 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33133 CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME 700054295467 05/11/05--01064--018 **1076.25 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ΠŒ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not evalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with Mario Garnero 4/15/05 (305) 858-9900 SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # Date

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